



PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILSFN0507805		Manifest Document No. 001		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address USEPA Quality Cleaners 405 N. Illinois St. Belleville, IL 62220						A. Illinois Manifest Document Number IL 8505130 FEE PAID IF APPLICABLE			
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 800 500-0575						B. Generator's IL ID Number			
5. Transporter 1 Company Name U.S. Bulk Transport Inc.						C. Transporter's ID Number			
7. Transporter 2 Company Name						D. Transporter's Phone () 800-847-4594			
9. Designated Facility Name and Site Address Envirocare Services of Ohio, Inc. 876 Otter Creek Road Oregon, Ohio 43616						E. Transporter's ID Number			
10. US EPA ID Number OHD045243706						F. Transporter's Phone ()			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers			
						No.		Type	
a. X RQ Hazardous Waste, Solid, N.O.S., 9, NA 3077, PG III, (F002)						001		DT	
								3,000 P	
J. Additional Description for Materials Listed Above W/SID No. 11176 -Contaminated Soil						K. Handling Codes for Wastes Listed Above In Item #14 SELF D80			
EPA Region 5 Records Ctr. 379682									
15. Special Handling Instructions and Additional Information 24 Hour Emergency Telephone Number 800-500-0575 ERG Number 171 #1005A						531807			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name KEVIN TURNER						Signature Kevin Turner		Date Month Day Year 04/2000	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DALE NEIBARGER						Signature Dale Neibarger		Date Month Day Year 04/2000	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature		Date Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Bob Soback						Signature Bob Soback		Date Month Day Year 04/2000	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802 or 202/426-2675.

ESOI/Envirosafe Services of Ohio, Inc.
Associated Chemical and Environmental Services, Inc.
878 Otter Creek Rd.
Oregon, Ohio 43616-1200

USEPA ID OHD045243706
Ohio EPA 03-48-0092

Certificate of Disposal

PART A --Generator Information

Generator Name **USEPA/QUALITY CLEANERS**
Manifest Document No. **00001**

Generator USEPA ID # **ILSFN0507805**

PART B --Waste Disposal Information

Profile	Document	Disposal Date	Disposal Method	Container No. & Type	Weight
11176	004130003	4.13.00	D080	1 DT	53180

Disposal Method = D080 - Landfill; T04 - Treatment

Container Types = DR - Drum; TR - Truck; CT - Cargo Tanker; VT - Vacuum Tanker; RO - Rolloff; CM - Container Metal

I certify receipt and disposal of the above identified wastes at this facility. I certify that the above described wastes were disposed according to all applicable state & federal requirements imposed by the generator.

SIGNATURE



DATE

4.13.00

TITLE

SCALEMASTER



SIGNATURE AND INFORMATION MUST BE LEGIBLE ON ALL COPIES

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved: OMB No. 2050-0039. Expires 9-30-98

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's U.S. EPA ID Number

1.L.D.0.0.2.4.9.4.8.8.4.6.9.4.3

Manifest Document No.

1.L.D.0.0.2.4.9.4.8.8.4.6.9.4.3

2. Page 1

of 2

Information in the shaded areas is not required by Federal Law, but items D, F, H, I and K are required by State Law.

3. Generator's Name and Mailing Address

405 North ILLINOIS ST
Bellefonte, IL 62230

MAIL TO:

8588 Rt 148

MORRIS, IL 62259

A. State Manifest Document Number

INA1346437

B. State Generator's ID

IL 163010034

4. Generator's Telephone Number (312) 353-2318

5. Transporter 1 Company Name

Pollution Control Industries, INC

6. U.S. EPA ID Number

1.N.D.0.0.0.0.6.4.6.9.4.3

C. State Transporter's ID

D. Transporter's Phone 219-347-3951

7. Transporter 2 Company Name

8. U.S. EPA ID Number

.

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

Pollution Control Industries, INC
4343 Kennedy Ave
East Chicago, IN 46312

10. U.S. EPA ID Number

1.N.D.0.0.0.0.6.4.6.9.4.3

G. State Facility's ID

H. Facility's Phone

219-347-3951

11. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. 16. Waste Flammable liquids, n.o.s., 3, UN1993,
PET (1000) (methyl spirits)

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol.

I. Waste No.

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0001

b. 16. Waste Flammable liquids, n.o.s., 3, UN1993,
PET (1000, F003, F005) (xylene, toluene)

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0001

c. 16. Waste Aerosols, 2.1, UN150

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0001

d. 16. Waste Flammable liquids, n.o.s., 3, UN1993,
PET (1000) (methyl spirits, xylene)

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0001

J. Additional Descriptions for Materials Listed Above

16. 163526

16. 16352

16. 163563

16. 163564

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

Emergency Response 312-353-2318

16. 16356

16. 16356

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed /Typed Name

Kevin Turner

Signature

Kevin Turner

Date

Month Day Year

.

17. Transporter 1 - Acknowledgement of Receipt of Materials

Printed /Typed Name

Signature

Date

Month Day Year

.

18. Transporter 2 - Acknowledgement of Receipt of Materials

Printed /Typed Name

Signature

Date

Month Day Year

.

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest (except as noted in Item 19).

Printed /Typed Name

Signature

Date

Month Day Year

.

GENERATOR

TRANSPORTER

FACILITY

INA1346437



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

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UNIFORM HAZARDOUS
WASTE MANIFEST
(Continuation Sheet)

21. Generator's U.S. EPA ID Number

Manifest
Document No.

22. Page

Information in the shaded areas
is not required by Federal Law,
but items L, O, Q, R and T are
required by State Law.

23. Generator's Name

Alex Petrosian
405 North Illinois St.
Bellefonte, IL 62220

MAIL TO:

8588 Rt 148

MORION, IL 62959

L. State Manifest Document Number

INA 1346437

M. State Generator's ID

IL ~~430~~ 1630165034

24. Transporter Company Name

25. U.S. EPA ID Number

.....

26. Transporter Company Name

26. U.S. EPA ID Number

.....

N. State Transporter's ID

O. Transporter's Phone

P. State Transporter's ID

Q. Transporter's Phone

28. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers

No.

Type

30.
Total
Quantity

31.
Unit
Wt/Vol.

R.
Waste No.

a. ~~RR. Waste Flammable - liquids, nos, 3, UN1943,~~
P611 (0001) (initial spirits)

003

DM

0150

G

0001

b. ~~NON DOT Regulated, NON Hazardous WASTE~~
(PPE)

001

DM

0055

G

c. ~~NON DOT Regulated, NON Hazardous WASTE~~
(ONLY WATER)

003

DM

0150

G

d. Enter name of person accepting the waste on behalf of the transporter. This person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

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e. Enter name of person accepting the waste on behalf of the transporter. This person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

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f. Enter name of person accepting the waste on behalf of the transporter. This person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

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g. Enter name of person accepting the waste on behalf of the transporter. This person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

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h. Enter name of person accepting the waste on behalf of the transporter. This person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

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i. Enter name of person accepting the waste on behalf of the transporter. This person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

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S. Additional Descriptions for Materials Listed Above

28a #163567
28b #163565
28c #163566

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

Emergency Response 312-353-2318

Eig # 28a 128

b. MR
c. MR

33. Transporter Acknowledgement of Receipt of Materials

Printed / Typed Name

CLIFF BLAGBURN

Signature

Cliff Blagburn

DATE

Month Day Year
07 29 99

34. Transporter Acknowledgement of Receipt of Materials

Printed / Typed Name

Signature

DATE

Month Day Year
.....

35. Discrepancy Indication Space



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID Number	Manifest Document No.	2. Page 1 of 2	Information in the shaded areas is not required by Federal Law, but items D, F, H, I and K are required by State Law.	
3. Generator's Name and Mailing Address HIC PETROLIUM 405 NORTH ILLINOIS STREET BLOOMINGTON, IN 47404		1. L. O. 0. 2. 4. 9. 4. 8. 8. 4. 6		A. State Manifest Document Number INA 1346437		
4. Generator's Telephone Number (317) 353-2318		6. U.S. EPA ID Number 1. 6. 3. 0. 6. 0. 1. 6. 9. 4. 3		B. State Generator's ID 11 1630103034		
5. Transporter 1 Company Name AIC TRANQUETTE		8. U.S. EPA ID Number		C. State Transporter's ID 901-142484		
7. Transporter 2 Company Name		10. U.S. EPA ID Number 1. 6. 3. 0. 6. 0. 1. 6. 9. 4. 3		D. Transporter's Phone 317-353-2318		
9. Designated Facility Name and Site Address Pollution Control Industries, Inc. 4343 Kennedy Ave Fort Wayne, IN 46812		12. Containers No. Type		E. State Transporter's ID		
11. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		13. Total Quantity		F. Transporter's Phone		
a. 11.000Ls Flammable Liquid, n.o.s., 3, UN1993, PG II (000L) (mineral spirits)			G. State Facility's ID		
b. 11.000Ls Flammable Liquid, n.o.s., 3, UN1993, PG II (000L, F003, F005) (1,1-dichloroethane)			H. Facility's Phone		
c. 11.000Ls Flammable Liquid, n.o.s., 3, UN1993, PG II (000L, F003, F005) (1,1-dichloroethane)					
d. 11.000Ls Flammable Liquid, n.o.s., 3, UN1993, PG II (000L, F003, F005) (1,1-dichloroethane)					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information Emergency Response 312-353-2318						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Kevin Turner		Signature Kevin Turner		Date Month . Day . Year		
17. Transporter 1 - Acknowledgement of Receipt of Materials						
Printed/Typed Name CLIFF BLAGBURN		Signature Cliff Blagburn		Date Month . Day . Year		
18. Transporter 2 - Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Date Month . Day . Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest (except as noted in Item 19).						
Printed/Typed Name LINDA L. MAYDEN		Signature Linda L. Mayden		Date Month . Day . Year		

In case of a spill, call the Indiana Office of Environmental Response at 317/233-7745 (day or night) and the National Response Center at 800 / 424-8802 or 202 / 426-2675.

INA 1346437



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(Continuation Sheet)

21. Generator's U.S. EPA ID Number

Manifest
Document No.

22. Page

Information in the shaded areas
is not required by Federal Law,
but items L, O, Q, R and T are
required by State Law.

23. Generator's Name

L. State Manifest Document Number

24. Transporter Company Name

25. U.S. EPA ID Number

M. State Generator's ID

N. State Transporter's ID

O. Transporter's Phone

26. Transporter Company Name

26. U.S. EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers

30.
Total
Quantity

31.
Unit
Wt/Vol.

R.
Waste No.

No.	Type			
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				

S. Additional Descriptions for Materials Listed Above

T. Handling Codes for Wastes Listed Above

32. Special Handling Instructions and Additional Information

33. Transporter Acknowledgement of Receipt of Materials

Printed / Typed Name

Signature

DATE

Month Day Year

34. Transporter Acknowledgement of Receipt of Materials

Printed / Typed Name

Signature

DATE

Month Day Year

35. Discrepancy Indication Space

GENERATOR OR
TRANSPORTER
FACILITY

In case of a spill, call the Indiana Office of Environmental Response at 317 / 241-4336 (day or night)
and the National Response Center at 800 / 424-8802 or 202 / 426-2675.